

IDAHO REAL ESTATE APPRAISER BOARD
Bureau of Occupational Licenses
Owyhee Plaza
1109 Main Street, Suite 220
Boise, ID 83702
(208) 334-3233
<http://www2.state.id.us/ibol/rea.htm>

APPLICATION FOR TEMPORARY PRACTICE PERMIT

General Instructions: Please complete this application and the Consent to Service of Process form, attach the required \$100.00 fee and mail to the address above. **Certified proof of licensure or certification must be received directly from your state of licensure before your application will be processed.**

1. **Full Name (Mr., Mrs., or Ms.)** _____
2. **Mailing Address** _____
Street/PO Box _____ City _____ State _____ Zip _____
3. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
MM DD YYYY
4. **Daytime phone** _(____) _____ **Fax** _(____) _____ **E-mail** _____
5. **Please list the type of License or Certification held and number** _____
(This office must receive official certification of said licensure directly from the licensing or certifying authority before your application will be processed.)
6. **Please provide legal description and address of the Appraisal Assignment for which the permit will be used:**

7. **Projected Beginning Date:** _____ **Projected Ending Date:** _____

(**Note:** Applicant must furnish information sufficient to identify the appraisal assignment, but shall not be required to divulge any information concerning the appraisal assignment which would breach the applicant's duty of confidentiality under the provisions of USPAP)

CONSENT TO SERVICE OF PROCESS and AFFIDAVIT

Know all persons by these presents:

Pursuant to the requirements of Chapter 41, Title 54, of the Idaho Code, I hereby irrevocably consent, stipulate and agree that suits, actions and administrative proceedings may be commenced against me in the courts and agencies of this State, by the service of any process authorized by the laws of this State on the Chief of the Bureau of Occupational Licenses, and that service of such process upon said Chief shall be taken and held in all courts to be as valid and binding as if the service had been made upon me in the State of Idaho. I hereby certify under oath that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing Real Estate Appraiser practice. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, communication, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
residing at _____
my commission expires _____